Date of request: _____

REQUEST FOR TRAVEL

EMPLOYEE NAME: _____ DEPT: _____

Date of Departure: _____ Date of Return: _____

SEMINAR/TRAINING/CONFERENCE INFORMATION:

Title:_____ Location: _____

Sponsor: _____ Is this mandated, certification or recertification

training: _____   FEE $ _____

TRANSPORTATION

Method of transportation: City Vehicle ____ Personal Vehicle ____

Air ____ Other ____

ESTIMATED COST FOR TRANSPORTATION $_____

ACCOMMODATIONS

Name of Hotel/Motel: _____

Address/Telephone: _____

ESTIMATED COST FOR ACCOMMODATION $_____

MEALS

ESTIMATED COST FOR MEALS $_____

OTHER EXPENSES

Specify: _____

ESTIMATED COST FOR OTHER EXPENSES $_____

TOTAL EST. COSTS $_____

Will you require a cash advance? _____ If yes, how much? _____

A cash advance must be approved by the City Manager (approved)_____

Is a City credit card authorized? _____ If yes, this must be approved by the

Department Director (approved) _____

Requested by: _____   Recommended by: _____

          Employee   Dept. Dir./Date

Approved by: _____

          City Manager's Office/Date

CITY OF CARROLLTON
EXPENSE REPORT

Print Name: _____

Department: _____

Week Ending: _____

Day/Date	Sun/	Mon/	Tues/	Wed/	Thu/	Fri/	Sat/	
Location away from office								

EXPENSES

								TOTAL
Auto mileage Personal Car @ .____ ¢/mile								
Lodging								$
Breakfast								$
Lunch								$
Dinner								$
Plane Fare								$
Auto Rental								$
Taxi-Bus-Train								$
Parking								$
Tips(excl meals)								$
Phone								$
Miscellaneous								$
TOTALS								$
								$

Total	$
Less Advance	$
Total Due	$

Date	Purpose of trip, services performed, and explanation of business & misc. expenses

EXPENSE ALLOCATION

Date	Account. No.	Total		Signature	Date
				Approved	Date
				Audited By	Date